

That the Bill, as amended, be passed.

The question was put and the motion was adopted.

MR. DEPUTY CHAIRMAN: Now, the National Commission for Allied and Healthcare Professions Bill, 2020. Dr. Harsh Vardhan to move the motion for consideration of the National Commission for Allied and Healthcare Professions Bill, 2020.

The National Commission for Allied and Healthcare Professions Bill, 2020

DR. HARSH VARDHAN: Sir, I move:

"That the Bill to provide for regulation and maintenance of standards of education and services by allied and healthcare professionals, assessment of institutions, maintenance of a Central Register and State Register and creation of a system to improve access, research and development and adoption of latest scientific advancement and for matters connected therewith or incidental thereto, be taken into consideration."

Sir, like the previous Bill, I will just take five to ten minutes to briefly summarize what we are intending to do because it has already been considered by the Department-related Parliamentary Standing Committee in great detail. This Bill which was introduced in this House on 15th of September, 2020, is a path-breaking initiative that has the potential to change the future of healthcare service delivery both for the people of this country and also the allied and healthcare professionals. While doctors, nurses, dentists and pharmacists in India are regulated through their respective regulatory bodies, the allied and healthcare professionals are still unstructured and unregulated. In the global landscape, many countries have notified a statutory structure to regulate the education and practice of such allied and healthcare providers. The potential of these professionals can be utilized to reduce the cost of care and to make quality healthcare services accessible to all. Several Committees, starting from Bhore Committee in 1948, have stressed on the importance of quality human resource for health with the right skills and training. Similarly, there has been an increased momentum globally to align with the 2030 human resources for health goals. In the wake of the Covid-19 pandemic also, the critical and life saving role of allied and healthcare professionals was very well established. The invaluable role of respiratory therapists, laboratory technologists,

psychologists and physician associates among several others during these past months cannot be overstated. The need for development and maintenance of standards of services and education of such professionals through a national regulatory body has thus been long overdue. Sir, I feel happy to state that since coming into power in 2014 and after extensive deliberations with all stakeholders, we introduced a Bill to this effect in the Rajya Sabha during the Winter Session of 2018. The same was thoroughly examined by the Department-related Parliamentary Standing Committee on Health and Family Welfare and based on the recommendations made in the 117th Report of the Department-related Parliament Standing Committee, on the lines of the National Medical Commission, my Department carried out all necessary changes and a fresh Bill titled 'The National Commission for Allied and Healthcare Professions Bill, 2020' has been introduced now. The Bill will cover 56 professional profiles which are logically organized under ten professional councils. We have ensured that the Bill clearly specifies the description of each category to demarcate practice boundaries. Broadly, allied health professionals are those who undergo a minimum of 2,000 hours and two to four years of training, and healthcare professionals are those who attain minimum of 3,600 hours or three to six years of education and training. Sir, in order to further preserve their identity and the degree of complexity of the services delivered by them, all the professions have been coded as per the International Labour Organization's (ILO) International Standard for Classification of Occupation ISCO - 08, so as to allow them for global recognition and mobility. Sir, within the Bill, we have also kept a provision for constitution of 10 professional councils for different professions at the national level so that the professionals can ensure their direct interventions for best standards in their respective professions. The Commission, however, in a totality, will be ensuring that the standards recommended by the professional councils align with the larger norms and goals. Thus, the Central Commission would be entrusted with developing the policies, standards and guidelines, based on the recommendations from individual professional councils under its ambit and in consultation with other national regulatory bodies. While the State Councils would be expected to ensure implementation and enforcement of such regulations, the Bill also has a provision for registration of all the existing professionals. Further, as there are no statutory bodies in States which holistically cover the entire gamut of allied and healthcare professionals, existing professional councils at State level pertaining to the recognized categories would be subsumed and their mandate would be expanded to all to cover the professions. National Allied and Healthcare Advisory Council with representation from all the States has also been proposed to enable adequate representation from all

States. Further, each State will be having a separate State Council with 4 Autonomous Boards pertaining to undergraduate education, postgraduate education, assessment and rating and ethics and registration. The Bill provides for task shifting, that is, moving specific task to specialized allied and healthcare professionals for better recognition of health workforce and improved healthcare. The National Commission and State Councils formed on enactment of the National Commission for Allied and Healthcare Professions Bill will provide an opportunity to regulate and leverage the qualified allied and healthcare workforce and ensure high quality multi-disciplinary care in line with the vision of Universal Health Coverage moving towards a more care accessible and team based model. Sir, as I lay this Bill on the Table and request all the Members to consider it, I request all my colleagues to support this Bill not only to fructify the efforts and progress made till now but also for the greater good and healthy future of this nation. Thank you, Sir.

The question was proposed.

MR. DEPUTY CHAIRMAN: The Motion is moved. Now, Dr. L. Hanumanthaiah.

DR. L. HANUMANTHAIAH (Karnataka): Thank you, Deputy Chairman, Sir, for giving me an opportunity to speak on the National Commission for Allied and Healthcare Professions Bill, 2020. Sir, first of all, India's public healthcare expenditure is 1.28 per cent as per the National Health Profile 2019 which is very, very less compared to many countries. For example, Indonesia's is 1.40, Sri Lanka's is 1.68 whereas our public healthcare expenditure stands at 1.28 per cent. Sir, India's rank at Global Healthcare Access and Quality Index is 145 out of 195 countries, as the report in 2016 says.

Sir, the Economic Survey of India 2020-21 noted 'India ranks 179th out of 189 countries in budgetary allocations'. This speaks what the public healthcare system in India is taking care of. Sir, the worst affected parties in this are the marginalized sections. We, just now, passed the MTP (Medical Termination of Pregnancy) Bill which is again, those people who are vulnerable to rape and other things are the victims of that Bill. So, the Economic Survey, the Global Healthcare Access and Quality Index, all these things speak, we are not providing sufficient funds to the healthcare system of the country. Sir, the doctor-population ratio is 1:1343 as per the Ministry of Health and Family Welfare's Survey of September, 2020. Sir, an average population served by the Government allopathic doctor is 10,926. It is the sad part of

it. So, the healthcare professionals are very important. They have to be taken care by the Government with all the other sections of the society. Sir, the quality of the healthcare services will not improve by making a Bill. If you provide proper budgetary support to them, then, the healthcare allied services can be better in the country. Sir, this includes; the scientists, therapists, any other professional who studies, advises, researches, supervises or provide preventive, curative, rehabilitative, therapeutic and promotional health services. Sir, the above-listed professionals have a degree or a diploma under this Bill which fixes the time and hours of learning and teaching. The Bill specifies certain categories of allied and healthcare professionals as recognized categories. These are mentioned in the Bill and this includes; life science professionals, trauma and burn care professionals, surgical and anesthesia technologists, physiotherapists and nutrition science professionals. These are the categories made in the Bill. The Bill sets up National Commission for Allied and Healthcare Professionals. Sir, the Bill empowers State Council to constitute four autonomous Boards; Under-graduate Allied and Healthcare Education Board, Post-graduate Allied and Healthcare Education Board, Allied and Healthcare Professions Assessment and Rating Board and Allied and Healthcare Professions Ethics and Registration Board. These are the four Boards, according to the Bill. Sir, if there is an offence, there is a penalty clause in the Bill. The penalty clause says that the penalty will be Rs. 5 lakhs and up to three years' imprisonment. Sir, I feel a country like ours which is now taking up the healthcare allied professionals to the mainstream where bringing them to the mainstream is the first part, and train them and give them the proper orientation is the second part. In such a case, if you fix the penalty clause to this level, I think people may not become a doctor! Your intention may be good that no malpractices should happen in this industry, but, this much of penalty will not be reasonable, according to me. Sir, the reason being, in most of the villages where the healthcare assistance is not there and there are no professionals in the village, in most parts of the country, as I said the rate of allopathy doctors is Rs. 10,000 per doctor and there is a big shortage of nurses. In such a case, the functions of the Commission is to regulate framing policies, standards and regulating education and practice; secondly, creating and maintaining online central register and register professionals; thirdly, providing basic standard of education, curriculum and examination, training etc.; fourthly, uniform examination system and exit system, examination among others will be taken care by this.

The Commission will constitute a Professional Council for every recognized category of allied and healthcare professionals, particularly the State Councils within

six months from the Bill is passed in this august House. The State Governments will have to constitute a State Allied and Healthcare Council. The State Council consists of Chairperson and 25 experienced healthcare professionals in the field. Sir, prior permission to establish this new institution and to open the new courses, this Board has to give permission and they have to do it on this only. So, I said that the offences and penalties which are fixed in this are very, very severe. I request the Minister to think again in fixing these penalty clauses. Sir, the Commission seeks to manage and regulate the large groups of professions. Two years term will restrict the functioning of the Council. The Standing Committee recommends that it should be, at least, minimum for three years and up to five years. Otherwise, you are restricting the functioning of the Council just because it is for two years. The Bill does not address the lack of supply of allied and healthcare professionals. I want to elaborate this. According to the Public Health Foundation of India Report, there is a shortfall of 64 lakh nurses in these professional courses. As per the data of rural health statistics of 2018-19, there is a shortfall of 39.9 per cent, approximately 40 per cent of lab technicians at PHCs and CHCs. In almost all the rural PHCs, you are not finding the lab technicians at all. There is shortage of 59 per cent radiographers in all the CHCs. Sir, the Bill, while regulating the standards of education and services of such professionals, does not address the bigger issue of lack of incentives to promote this profession. Sir, it is true that there is a big shortfall of allied health professionals. But, what are the incentives in the Bill to people who want to come to rural areas as nurses, lab technicians, physiotherapists, etc.? Any such provision to give incentive is absent in the Bill. These health professionals are frontline warriors. So, we should take care of them and help in scaling up healthcare services under the supervision of doctors and nurses. They have the major role. Sir, this is a very important Bill because the majority of healthcare system, which is about 80 per cent, is taken care of by these people, the allied health professionals. The doctors and the super-speciality doctors are not the frontline warriors. These allied health professionals are the frontline warriors. So, we should take more care in giving them proper education, proper training and proper placement also. Despite the huge demand for their services, this sector is highly fragmented in India. Sir, India's struggle to meet health challenges is due to two major things. The first is scarcity of financial resources; that is what I have already said. The second is shortage of human resource at all levels. Sir, human resource is there, but it is not properly trained. That is the major problem. So, India is facing the shortage of six lakh doctors and two million nurses and the global demand is much more than this. Sir, with the advanced technology now the imperative is to create a fresh vision of healthcare, the healthcare delivery based on

multidisciplinary scheme where the system is driven only by doctors and nurses. As per the WHO Vision 2030, 40 million new health worker jobs are going to be created. So, this is the demand in the middle and high income countries. This is what the WHO says.

Sir, McKinsey Global Institute, in its Job Lost and Job Gained Report 2017, says that there is a need for 130 million jobs globally in healthcare due to ageing, particularly in India. By 2030, the aged population will be in big number in India and hence the healthcare system demands 130 million jobs.

Sir, considering these factors — India's vast population, increased lifespan, growth of private health sector and advancement of technology — India can create allied health professionals to meet the international demand. We should think on these lines. Apart from shortage of doctors and nurses, the allied health professionals are not even 5 per cent today in India. They are just 5 per cent, but the demand is very huge.

As per 2012 Report, there is a shortage of 64 lakh allied health professionals in the country. India can reap this opportunity. This is the time to reap the opportunity and to create jobs for young generation which is asking for jobs in this country. We can meet the demand by creating millions of allied health professional jobs in the coming decade.

Sir, among the G-20 countries, India stands second from the bottom! It is a serious concern. The women participation in the workforce is at a historic low of 23.3 per cent, as they are vulnerable for this job. Sir, about 120 million women have secondary education, but do not participate in health professional work because of their personal, social and economic reasons. The nature of job also acts as a barrier for women. Though they have an opportunity to take training and take up jobs, it is not allowed in the Indian social system.

Sir, the allied health professional jobs are women-friendly. As per the WHO Report, of the total health workers, nurses, midwives 38 per cent are women. And, of the 38 per cent, 25 per cent is male and female is 75 per cent. This clearly indicates that it is a women-friendly area.

The proposed allied health professional Bill recognizes 53 professions. They are all clubbed under 15 categories. You have proposed that after 600 hours of residential training 80 per cent of the people are going to get job and get salary between Rs. 12,000 and Rs. 16,000 per month.

The core employability skills, such as communication, English, soft skills, interview facing skills makes trainee's job ready. But, I just wanted to ask the hon. Minister whether we have taken care of these factors in the Bill. I am not finding whether our people have to be trained in English speaking, soft skills and interview facing skills to get jobs across the world, not just in India. I ask: Whether 1.36 billion population in our country has access to quality healthcare. We are lagging behind Sri Lanka and Bangladesh. In terms of population, they are very small countries. But, India lags behind Sri Lanka and Bangladesh. We have less than five per cent people who are skilled. That is why the health and allied professionals are only five per cent. And, even in those five per cent, the skilled people are not available. That is another tragic part of it. Though the Bill regulates the standards of education and services, yet it does not address the issue of lack of incentives for the people who opt for such professions. In our country, we have a lot of youths in the rural areas who have completed their twelfth standard studies. ...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: Dr. Hanumanthaiah, please conclude now. You have taken your eighteen minutes. ...(*Interruptions*)..

DR. L. HANUMANTHAIAH: Okay, Sir, I am going to conclude. I was saying that those youths who have completed their 10+2 constitute a big number. What is there in the Bill that encourages our youth to opt for these professions? The Standing Committee has also recommended that a clause in the Bill should be inserted that provides councils for physiotherapy, medical radiology, imaging and therapeutic technology, medical laboratory professionals, etc., etc. But the Bill does not take care of these things. ...(*Interruptions*)... So, I request the hon. Minister to take care of these things. It is a very good Bill and we welcome it. But, rural youth must be taken care of. They must be attracted to opt for these kinds of professions. We want that such a provision should be included in the Bill. That is my demand. Thank you very much.

श्री उपसभापति : माननीय सदस्यगण, माननीय प्रो. राम गोपाल यादव जी की तबियत थोड़ी ठीक नहीं है, इसलिए वे जाना चाहते हैं, तो मैं उनसे पहले के वक्ताओं से अनुमति चाहता हूँ कि उन्हें मैं पहले बोलने के लिए आमंत्रित करूँ। प्रो. राम गोपाल यादव जी।

प्रो. राम गोपाल यादव (उत्तर प्रदेश): श्रीमन्, मैं सबसे पहले माननीय मंत्री जी को इस बात के लिए धन्यवाद देना चाहूँगा कि Parliamentary Standing Committee on Health and Family Welfare की 100 से ज्यादा recommendations थीं, जिनमें से लगभग 95 फीसदी, यानी दो-चार को छोड़कर लगभग सारी उन्होंने मान लीं और इसलिए इस बिल को नये सिरे से यहाँ लाया गया। जैसा कि अभी हमारे एक वक्ता ने कुछ बातें बताईं, जो कि सबमें होती हैं। इसके क्लॉज 56, 57, 58 में penalty की बात है। यदि मेडिकल प्रोफेशन में कोई व्यक्ति फर्जी डिग्री ले ले, फर्जी रजिस्ट्रेशन करा ले, तो उसको दंड देना ही चाहिए। यह बात अलग है कि वह ज्यादा है या कम है, लेकिन अगर किसी की जान से खेलने के लिए कोई इस तरह की बात करे, तो उसके लिए चाहे कितना भी दंड हो, वह ज्यादा नहीं है। The hon. Member is a very learned doctor and also a Member of the Parliamentary Standing Committee on Health and Family Welfare. I agree with him with regard to my things, like, the budgetary allocations, etc. But, so far as this Bill is concerned, I strongly support this Bill. यही नहीं, मैं इस बात के लिए भी माननीय मंत्री जी को धन्यवाद देना चाहता हूँ कि इस कमिटी की रिपोर्ट्स में किए गए recommendations को आपने बहुत ही सहानुभूतिपूर्वक देखा और उनको अन्य बिलों में भी हमेशा इन्क्लूड किया। संसदीय पार्लियामेंटरी सिस्टम में कमिटी की रिपोर्ट्स पर अगर गवर्नमेंट इतनी पॉजिटिव हो जाए, तो यह बहुत ही अच्छा है। I do not know about other Committees, लेकिन हेल्थ कमिटी के बारे में आपका जो पॉजिटिव रुख रहा, उसके लिए भी मैं आपको धन्यवाद देना चाहता हूँ।

मान्यवर, इन बातों के साथ मैं यह भी कहना चाहता हूँ कि जब हम प्रोफेशन की बात करते हैं, तो उसमें डॉक्टर्स, नर्सों और कुछ अन्य लोग आते थे। उनके अलावा, लोगों के दिमाग में पहले और कोई भी नहीं आता था, जबकि 50 से ज्यादा ऐसे प्रोफेशंस हैं, जो बहुत ही important हैं। जो डॉक्टर्स के हाथ और पैर होते हैं, जिनके बिना काम नहीं चल सकता है। ट्रॉमा सेंटर से निकलेगा तो physiotherapy में जाएगा, उसके बिना काम ही नहीं चलेगा। आपने उनकी 10 councils बना दीं, physiotherapy की independent council बना दी। हमारी recommendations थीं, जो आपने मानीं। मैं आपको इसके लिए धन्यवाद भी देता हूँ और इस बिल का समर्थन भी करता हूँ। इसी के साथ मैं अपनी बात समाप्त करता हूँ और माननीय उपसभापति जी को इस बात के लिए धन्यवाद देता हूँ कि आपने मुझे out-of-turn allow किया। मुझे दो-तीन दिन से तकलीफ है, इस वजह से मैं जल्दी जाना चाहता था, लेकिन मैं माननीय मंत्री जी को धन्यवाद देने के लिए रुका रहा।

श्री उपसभापति : धन्यवाद। आप जल्द ही स्वस्थ हो जाएंगे। माननीय श्री सुरेश प्रभु जी।

श्री जयराम रमेश (कर्णाटक) : सर, अगर सब बिल्स स्टैंडिंग कमेटीज़ में जाएं तो यही हाल होगा।

श्री सुरेश प्रभु (आन्ध्र प्रदेश) : महोदय, मैं भी इस बिल के समर्थन में बोलने के लिए खड़ा हुआ हूँ। मेरी यह भी ख्वाहिश है कि हमारे हैल्थ कमेटी के चेयरमैन की हैल्थ जल्द ठीक हो जाए। Sir, this Bill was long overdue. The policy gap that existed is now being corrected, and, therefore, I want to congratulate the hon. Minister. As we have seen, whom do all the health professionals finally deal with? They are dealing with patients. All their combined team efforts result into addressing the health challenges of a patient. You may have the highest regulation for doctors, nurses and others, but if all those who are in this chain are not properly regulated, it may still risk the health of a patient. Here is also the former Health Minister of Odisha (Mr. Acharya). So, at the end of the day, it is extremely critical that all those who are involved in dispensation of the health care delivery should be brought under a regulation. Therefore, I congratulate my friend, the Minister, because over a period of time he was saying that health sector is not only getting regulated, but also regulated in a way that it should progress more. So, always, the twin challenge of regulation is that if you don't regulate, you are exposing yourself to a risk and if you over-regulate, there is a challenge that regulation will happen but no results will be produced. So, I think this is a very important issue, and, therefore, I really wish to congratulate you for bringing forward this important Bill.

I would also like to make some suggestions. Firstly, the constitution of commission is a welcome step. Otherwise, who will regulate? When you say regulation has to happen, somebody has to be there as to be a regulator. So, constitution of a commission is a very welcome step. But, at the same time, I would request the Minister to look into it that a commission should not have any omission in terms of people who should be really a part of this health care system. The people who are offering health care should be more in numbers than those who are in the Government because the Government has to regulate. They have to do a good job. But they are not the ones who are going to actually offer the services. Therefore, I think, you should always try to keep in mind that the ratio of people who are from the Government as policy makers and those who are actually going to deliver the services should not be adverse, at least not against those who are professionals. I think this particular Bill, actually is talking about it, but I personally feel it should really happen.

Secondly, you said that professional councils will be appointed by the Commission. I think professional council, by definition, should be a self-regulatory

body. The professionals like doctors have Indian Medical Association. There are also Nurses' Councils, but they are regulated. But, I feel that the new professions that are going to be created, lab technician and others, should be encouraged to form their own council. If they don't have the council, how will they be represented in this body? So, first and foremost, it is very important that you must start from the grassroot. Make sure that these professionals have their own council. I think there will be elections eventually; so, directly, by election they can be nominated or could be part of this council.

6.00 P.M.

I think it is also very important and that is what I was mentioning about the role of regulation. There are many functions which have been very elaborated. I really feel it is very elaborated provision about it.

श्री उपसभापति : माननीय सुरेश प्रभु जी, 6.00 बज गए हैं।

THE MINISTER OF STATE IN THE MINISTRY OF EXTERNAL AFFAIRS; AND THE MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI V. MURALEEDHARAN): Sir, this is a very important legislation that we are discussing and there is a broad level of consensus also. So, I propose that we may sit till the Bill is disposed of, and then disperse for the day, adjourn for the day.

श्री उपसभापति : सदन की आम सहमति है कि यह बिल खत्म होने तक हम सब बैठेंगे।
...(व्यवधान)...

श्री जयराम रमेश: सर, मेरी एक रिक्वेस्ट है कि बार-बार हम यह शब्द इस्तेमाल करते हैं कि 'Bill is disposed of'. Bill is passed, not disposed of.

SHRI V. MURALEEDHARAN: Right, Sir. ...(*Interruptions*)...

SHRI TIRUCHI SIVA (Tamil Nadu): I will suggest, 'pass'. But the House will have to disperse. ...(*Interruptions*)...

श्री उपसभापति : माननीय सुरेश प्रभु जी।

SHRI SURESH PRABHU: What Mr. Jairam Ramesh was saying that he has already decided to pass the Bill, so, don't call it dispose of, it is going to be passed anyway. That is what he was mentioning. ...(*Interruptions*)...

SHRI TIRUCHI SIVA: Any time fixation, seven o'clock or something like that? ...(*Interruptions*)...

MR. DEPUTY CHAIRMAN: Please. Please continue.

SHRI SURESH PRABHU: Sir, I was talking about the substantial provision about the Commission and the role of the Commission, the responsibility of the Commission. Mr. Minister, one part that should be mentioned here is how to increase the number of professionals. The Regulator job should be to make quality into regulation for sure so that all these professionals will be highly regulated. But how will you increase the number of people who will be coming out in the market? If that doesn't happen, it doesn't succeed. So, I think, the job of the Commission should also be promotion. The promotional aspect of that should also be mentioned so that eventually it will be the responsibility of the Commission that over a period of time, there are many more numbers. And, I am mentioning this because you have mentioned in the Object of the Bill that 40 million new jobs will be created in healthcare sector; 40 million jobs as per the WHO's own estimate. If so many members are going to be needed, then if you don't increase the numbers through a process, how will it be going to succeed? So, I think, this is very important that you must ensure that a Commission will be mandated with the responsibility of doing quality education, quality of professionals, and, at the same time, the number of professionals also should be increased over a period of time.

I think, there is -- obviously and rightly so -- a State as well as a Central Council and the State will register a professional and then the Central Council will again, through a process, actually put it in that body. I think now with the technology -- now you are doing such a great job in dispensing vaccine through a proper digital space -- why do you need twice that once State registers, it again will go through a process before a Central Register accommodate these numbers? I think, we should have a seamless process wherein once a State Register issues it, it automatically gets into that with proper system but that system can be digital so that in no time it can happen without any difficulty.

Sir, there is other issue and that is why we are talking about that there is a possibility that our professionals will be able to serve globally and there is a global demand. So, our people will be able to go. But the problem that happens is on the mobility. The other countries do not recognize our qualification, they do not allow our professionals to go and work there. This is happening with the doctors. Now, forget the professionals, the healthcare professionals. So, how do you make sure that we must aggressively ensure that our professionals will be able to find jobs and the recognition of their qualification will happen properly? And, therefore we should try to work on it in a proper way.

We have already said that some professionals will not be able to practice unless now under the new law, they will be registered. Mr. Minister, I was just wondering. One category that you have mentioned is 'researchers'. I was just wondering why should 'researcher'. If he is not registered, he is not able to practice. Research is an open-ended thing. I understand it in case of laboratory technicians, in case of paramedics, every other person that unless he is registered, he will not be able to practice. But why can't a researcher, if he is not registered, do research because research is an activity which is not going to affect anybody, which is not going to have a healthcare-related issue? So, I think, this is again an aspect. You may please look into that so that it will not result into this.

I also welcome a provision wherein a healthcare professional will be able to earn credits of 3,600 hours over a period of three to six years. This is a very important, and I would say, a very welcoming idea that he should keep earning credit as he goes along. So, he should not leave his job, go and work in an institution and then come back and try to do this. I think this is a very welcome thing and we should definitely try to use this now in other areas as well.

I would like to draw your attention to some very interesting issues, for example, Clause 40. Now, once this law is notified, when the Councils are formed, no institution would be able to impart any course of this kind unless it is registered. Sir, though the word used is "shall", 'States shall form a Council', some States fail to form a council. What happens to those institutions? How will they be able to work, even though you have mentioned that there would be some provision for this in clause 41(b)(ii)? I think there needs to be some clarity on this. Otherwise, there would be a problem. Some States may not have a proper council. How would institutions that were already functioning be able to work? So, I think we should really be able to take

care of that. Also, there is Clause 41(b)(iii). This really needs to be properly looked into.

Sir, I feel that the whole idea here is to offer low-cost healthcare and low-cost education. The problem is that of the necessary infrastructure. Now, infrastructure is important for any institution. We should not compromise on that at all, that the area is spread over so many square feet and so many laboratories are needed, etc. All these are necessary, but why can't that same infrastructure be used with the provision of night duty and day duty? Some institutions may like to run it twice in a day. Some may run a Nursing College in the morning and paramedical courses in the evening. Why should there be a problem? I think the present regulation does not allow it, which unnecessarily adds to the cost. So, I would request you to kindly look into this issue. This would actually help in addressing the real challenge in the rural areas. Particularly now, if an educational institution is going to invest more in infrastructure, obviously, it would recover that out of the fees. That is the only way it can happen. Why should we unnecessarily burden the students with additional costs? I think we should try to work on this.

Sir, I think I have gone through the Bill properly, but I feel that there could be some grey areas. What happens to the existing practising professionals? You are saying that no professional, unless registered, would be able to do this. So, what happens to the current ones who may not have undergone some courses of a particular duration? What would happen to them? I think you really need to protect them properly. Maybe they would need to do some additional refresher courses. That is quite understandable. It is also a good idea. They would be able to refresh their knowledge. But, make it clear, maybe in the rules, so that this type of a situation does not arise. I feel we really need to move on to online courses. We should not say that one should obtain so many hours of credit. Most of it could be obtained online. Practical training is a different thing. For practical training, of course, you need to go to the hospital or a nursing home. But many of these courses, many of these credits, can be obtained online, including all the permissions that these commissions or councils are supposed to give. All of that should be transparent and online, which would only ensure that more and more institutions get registered and more and more people are able to do that. In fact, Sir, we should be proud of the fact that India is the single largest recipient of remittance in the world. We receive the highest remittance in the world, more than 82 billion dollars. In fact, our MoS as well as Mr. Viswam sitting next to him should be happy that Kerala

contributes significantly to it because the workers working abroad send the money back. Sir, imagine, how much more the healthcare professionals can bring back to India! This has great potential, but to do that, while we are regulating it, we should do it in such a manner that there is a promotional aspect to it, so that more and more people are able to get into this.

Sir, one suggestion is about abbreviations. Doctors are called Doctors, Lawyers are called Advocates, Chartered Accountants are called CAs, etc. Because you are creating this new category of professionals, think about an abbreviation for this so that there is a sense of identity. They would take pride in being called, for example, an HCP, Healthcare Professional. There could be something like that which would actually ensure that there is dignity for them in the society. So, they would be looked at like doctors of a different kind and when they go out, they would walk on the streets with a lot of respect. I think that itself would help other people to come into this field. Our problem in India is that a plumber is not recognised as somebody who is great, but an engineer is recognised as somebody who is great, whereas the plumber provides more facilities to households than an engineer who hardly visits a household. I think this is very important that we move towards providing dignity of labour to all our professionals. In healthcare, there is a pyramid where a doctor is at the top. But the pyramid cannot be standing on its own strength unless there are healthcare professionals who are the most important foundation of the healthcare system. So, I really welcome this Bill. I once again congratulate the hon. Minister for many things, including the way he is handling Covid. I am sure that you will be able to take this process forward and create a new regime in which our healthcare professionals will be able not only to work in India and offer better healthcare services but also will be able to go abroad as ambassadors of India and send money back home and, in the process, will be able to create more employment for the people. So, I really wish to congratulate the hon. Minister. Thank you very much for giving me time. I, once again, wish my friend good health.

DR. SANTANU SEN (West Bengal): Sir, I would like to share my three observations regarding this Bill. First of all, in recent past, we have seen that our present Government is in a mood to dissolve democratically elected autonomous bodies like Medical Council of India which has been converted to National Medical Commission, Dental Council, Homoeopathy Council and so on. But there is one paradox in this case which is being noticed. In those cases, the professional Councils were dissolved and Commissions were formed. But, here, we have seen that the

Commission is being formed and, at the same time, the professional Councils also exist. To my utter surprise, it is something which is really paradoxical. Secondly, so far as my understanding goes, the duration of the course is 3 years to 6 years. I know and you also appreciate that 6 years is double of 3 years. So, either it is 3 years or 6 years. There is no clear-cut mention regarding the internship. There is no mention in which period those professionals will be getting hands-on training, which is very much important in these types of cases. What will be the duration of internship? If it is for one year, then the students who are undergoing this course for 3 years, they will be getting their training only for two years. If they get the training for two years only, what will they learn and what will they treat? Thirdly, to my understanding, it is once again slightly violating the constitutional character and the federal character. Health is in the Concurrent List. But, here, it is mentioned that after the promulgation of this Bill, each and every State has to form State Council within six months. So, it is becoming binding on each and every State. I personally believe that States should be given a little more liberty to take their own decision because the healthcare scenario and healthcare structure is not the same in each and every State. I believe that our respected and learned Minister will take all these points into consideration. Thank you.

श्री मुजीबुल्ला खान (ओडिशा): माननीय उपसभापति महोदय, आज मैं जब इस सदन में अपनी बात रखने के लिए खड़ा हूँ, तो सबसे पहले Corona pandemic की वजह से जिन लोगों ने अपनी जान गंवाई है, मैं उन्हें याद करता हूँ और साथ ही साथ केंद्र सरकार को भी धन्यवाद देना चाहता हूँ कि सही वक्त पर सही कदम उठाकर करोड़ों लोगों की जान बचाई गई है। इसी तरह से मैं ओडिशा के माननीय मुख्य मंत्री श्री नवीन पटनायक जी का भी धन्यवाद करना चाहता हूँ। उनकी जितनी तारीफ की जाए, उतनी कम है। उनके काम की मिसाल अब सारी दुनिया में दी जा रही है। जिस तरीके से ओडिशा ने कोरोना से लड़ाई लड़ी है, वह काबिल-ए-तारीफ है। महोदय, इसके साथ ही मैं इस वक्त अपने मेडिकल प्रोफेशनल्स को सैल्यूट करता हूँ कि उन्होंने इतने लोगों की जान बचाई, इसीलिए मैं आज इस बिल के समर्थन में अपनी बात रखूंगा। इस बिल में अलाइड हेल्थ प्रोफेशनल्स को गंभीरतापूर्वक परिभाषित किया गया है। इसके कारण एक बड़े वर्ग को बहुत बढ़ावा मिलेगा और स्वास्थ्य की दृष्टि से सुरक्षा व्यवस्था सुदृढ़ होगी। बिल में हेल्थ प्रोफेशनल्स, अलाइड हेल्थकेयर प्रोफेशनल्स के बारे में बताया गया है कि उनको मेडिकल के फील्ड में काफी सहायता मिलेगी।

सर, सबसे लोकप्रिय और महत्वपूर्ण बात यह है कि बिल एक नेशनल कमीशन फॉर अलाइड एंड हेल्थकेयर प्रोफेशंस को स्थापित करने की बात करता है। इसमें कौन-कौन लोग होंगे, इस पर विस्तृत चर्चा होगी। इसी प्रकार से प्रोफेशनल और स्टेट काउंसिल की स्थापना करने की बात कही गई है। स्टेट काउंसिल में कौन, कैसे रहेंगे, इसके बारे में भी बताया गया है।

यहां तक कि इस बिल में दंड का भी प्रावधान है। इस बिल में काफी चीजें स्पष्ट होती हैं। मैं इस बिल का समर्थन करता हूं और आशा करता हूं कि इस बिल के आने से देश का विकास सही दिशा में होगा। धन्यवाद, जय हिन्द।

SHRI TIRUCHI SIVA (Tamil Nadu): Sir, this Bill seeks to regulate and standardise the education and practice of allied and healthcare professionals. It defines 'allied health professional' as an associate, technician or technologist who is trained to support diagnosis and treatment of any illness, disease, injury or impairment. Such a professional should have obtained diploma or degree under this Bill. The duration of degree/diploma should be, at least, 2,000 hours over a period of two to four years. But, I have one simple query. What is the duration of internship?

Secondly, I would like to get clarification on a very important point from the hon. Minister. The Bill categorises more than 50 categories. As the Minister said, 56 categories of allied and healthcare professionals have been covered under ten categories. This also includes Medical Physicist. This is a very big issue that has been raised. The International Labour Organisation recognises Medical Physicist as a health profession and not an allied profession. Medical Physicists are essentially physicists applying their knowledge in the field of medicine. The inclusion of Medical Physicist in the allied profession is a technical discrepancy. Furthermore, their job description is different from that of allied professionals who are engaged with diagnostic and therapeutic equipment. At present, the Atomic Energy Regulatory Board has already regulated the Medical Physicist. It is not an unregulated profession because it has already been regulated by the Atomic Energy Regulatory Board. These concerns have been brought from various quarters. It is my hope that keeping in mind the technical differences in these categories and to avoid confusion in the regulation of Medical Physicist profession, the Government will consider revising it, or, consider the genuine demands of these people. The Medical Physicist can be made into a separate category or a regulatory body and a provision can be made more clearly because already, it has been regulated by the Atomic Energy Regulatory Board. Thank you, Sir.

MR. DEPUTY CHAIRMAN: Now, Dr. Banda Prakash, not present. Shri Ayodha Rami Reddy.

SHRI AYODHYA RAMI REDDY (Andhra Pradesh): Sir, first of all, I express my deep gratitude towards the healthcare professionals of the country. When the pandemic

had surrounded us from all sides, the healthcare workers emerged out as the 'Corona Warriors' and had put in tremendous effort to save our lives. They have managed to deliver with limited resources and infrastructure.

Andhra Pradesh managed to handle the situation very well through a well thought out plan. Our Village Volunteer Network system has been acclaimed throughout the country with States like Kerala adopting it and now even Britain has started implementing it. The Village Volunteers educated the people about the transmission of the virus, identified thousands of people who had returned from abroad, mapped the corona hotspots in the State, distributed the ration kits and now are ready to contribute to the vaccination drive. Though the healthcare professionals have won the Corona war for us, now is the time to introspect and prepare for the future. There were many shortcomings in our healthcare system which should now be analysed and rectified so that the country is ready for any future medical emergency.

Sir, the National Commission for Allied and Healthcare Professions Bill, 2020 is a step in the right direction. India has suffered from the problem of inappropriately trained doctors and poor quality of medical education since a very long time. Decades back, the Mudaliar Committee Report pointed out that doctors had neither the skills nor the knowledge to handle primary care and infectious diseases that were a high priority concern at the time. In recent times, the excessive reliance on a battery of diagnostic tests is reflective of commercial considerations and weak knowledge. So, this Bill with the objective of regulating and standardising the education and practice of allied and healthcare professionals is an important legislation needs to be discussed elaborately.

Sir, this Bill by setting up of Allied and Healthcare Council of India and corresponding State Allied and Healthcare Councils will enable setting of better standards and facilitate the medical profession. With basic standards of education, courses, staff qualifications and examinations, professionalism can be introduced amongst the healthcare workers. The result of the Bill would be a high quality, multi-disciplinary healthcare system on the lines of Ayushman Bharat Mission, moving away from a 'doctor-led model' to a 'team-based model' with accessible and affordable care. The skilled and efficient health professionals can reduce the cost of treatment also. At present, there exist many allied and health professionals who remain unregulated and unidentified or else are underutilized.

Though this Bill is targeted at the health professionals but it is going to benefit the whole country. The basic objective is very clear. It is to strengthen the healthcare system of the country. To address these issues better, I would suggest adoption of success story of Andhra Pradesh Government in the healthcare sector which will provide a farsighted view to this concern.

MR. DEPUTY CHAIRMAN: Please conclude.

SHRI AYODHYA RAMI REDDY: Sir, Andhra Government has put up a large establishment and it has invested very heavily in the healthcare infrastructure, set up 11,000 village clinics along with another 1,000 sub-clinics. The Budget also is going much beyond what was planned, and, this is in the right direction.

MR. DEPUTY CHAIRMAN: Please conclude. Your time is over.

SHRI AYODHYA RAMI REDDY: Sir, we firmly believe that it is our duty to make provisions for affordable treatment. Right to health is a fundamental right guaranteed under Article 21 of the Constitution. Therefore, we support this Bill with our stated recommendations. Thank you.

श्री राम चन्द्र प्रसाद सिंह (बिहार): उपसभापति जी, आपका बहुत-बहुत धन्यवाद कि आपने मुझे इस बिल पर अपने विचार व्यक्त करने का मौका दिया है। मान्यवर, मैं इस विधेयक का समर्थन करता हूँ। यह बहुत ही महत्वपूर्ण विधेयक है। इस बिल से खास कर जो मेडिकल क्षेत्र है, उसमें बहुत अधिक सुधार आएगा। सर, आज क्या स्थिति है? आज हमारा जो पूरा का पूरा हेल्थकेयर सिस्टम है, उसमें हमारे डॉक्टर्स हैं, नर्सिंग हैं, सभी हैं, लेकिन उनके साथ बहुत सारे ऐसे स्टाफ भी काम करते हैं जिन्होंने ट्रेनिंग नहीं ली है, लेकिन उनका अनुभव है। वे वहाँ 15 सालों से, 20 सालों से काम कर रहे हैं। यह एक बहुत अच्छा स्टेप है, जहाँ पर आपने 56 प्रोफेशनल्स को 10 कैटेगरीज़ में बांटा है, आपने उनके लिए standardize कराया है जिससे हमारी जो मेडिकल केयर है, उसमें और अच्छा काम होगा। आप इस बात को खास कर जानते हैं कि आज क्या हो गया है। पहले क्लिनिकल सेन्ट्रिक होता था। आप जाइए, डॉक्टर आपके हाथ की नब्ज देखते थे, आला लगाते थे, लेकिन अगर आप अब जाएंगे, तो आपका तुरंत डायग्नोसिस हो जाएगा कि क्या प्रॉब्लम है, उसमें इतनी ज्यादा जल्दी डायग्नोसिस होता है कि अब उसके बिना काम चलने वाला नहीं है। सबसे बड़ी बात यह है, इसमें लिखा गया है कि आज हमारा जो पूरा हेल्थ डिलिवरी सिस्टम होना चाहिए, वह पेशेंट सेन्ट्रिक होना चाहिए। इसके साथ ही साथ पूरी मल्टी डिसिप्लिनरी टीम होनी चाहिए। यह उस दिशा में एक अच्छा कदम है और बिहार में हम लोगों ने जो खास कर देखा है कि हमारे यहाँ पहले जो स्थिति थी, उसके अनुपात में आज कम से कम बेहतर है। आप जानते हैं कि

हमारे यहाँ पर 101 सब-डिविज़न्स हैं। सब जगह एएनएम स्कूल्स हो गए हैं, सब जिलों में जीनोम इंस्टीट्यूट्स हो गए हैं, पैरामेडिकल इंस्टीट्यूट्स भी खुल रहे हैं और अब इसके आने से और भी बहुत सारी संस्थाएं खुलेंगी। इसके कारण जो हमारे युवक हैं, उनको अध्ययन करने का मौका मिलेगा और लोगो को रोज़गार मिलेगा। महोदय, यह एक सराहनीय बिल है और हम इसका समर्थन करते हैं।

श्री उपसभापति : माननीय राम चन्द्र प्रसाद सिंह जी, आपका बहुत-बहुत धन्यवाद। श्रीमती वंदना चव्हाण जी, आप बोलिए।

SHRIMATI VANDANA CHAVAN (Maharashtra): Sir, I stand here to support the Bill. At the outset, I would like to congratulate the Government, the hon. Minister, for having brought this much-awaited, much-needed Bill. I want to give compliments to the Minister that this is absolutely a well-researched Bill. I think, in my tenure as a Member of Parliament here for nine years now, this is one of the best and well-researched Bills that I am seeing. So, Sir, compliments to you! I really feel proud that our medical system is on its way. Our healthcare system is on its way to give real good results to the entire country and our people. Not only is this an exhaustive Bill, I would like to also give compliments to the Minister and the House that we referred this Bill to the Parliamentary Standing Committee on Health and Family Welfare.

SHRI JAIRAM RAMESH: Under pressure.

SHRIMATI VANDANA CHAVAN: Whatever. It went there. I wish it had happened to the Bill which we have just passed earlier to this because after going to the Parliamentary Standing Committee, we have seen that they came out with very, very good suggestions. I am thankful to you for having integrated all those amendments that were suggested into the Bill and, therefore, making it absolutely foolproof. Sir, the Bill comes at a very opportune moment. We have all gone through Covid times. We have seen that the doctors, nurses, all were working, and so were the paramedical staff and the technicians who were at their best 24x7 in giving their services. We have had a council for doctors, dentists, nurses and the pharmacist. However, we did not have anything for these other workers. I am happy to see that in ten recognised categories, we have 56 allied and healthcare workers. It is wonderful and it makes one feel so happy when you see the list. It extends from life sciences to burn care, trauma, surgical authorities to physiotherapy, to nutrition science, to people who have to undergo dialysis, occupational therapy, and the best of all is the tenth category which is health information management and health informative

professionals. Sir, every time you are admitted in a hospital, there will be ten doctors coming and each one ask you the same question again and again. क्या आपको बी.पी. है, है तो कितने बरस से है? क्या आपको शुगर है, है तो कितने बरस से है? So, I think all that needs to be now computerised and put in a system where the patient does not really need to go through this gruelling process in a hospital.

I am sure -- this is my last point -- that we have a tremendous job now to streamline all that has come in this Act. We have several agencies, councils, boards, etc., which we have put down. The past experience has not been very good. Even under the NGT, the National Green Tribunal, we appointed so many agencies, but, unfortunately, you don't see the judges, you don't see the people who are supposed to adjudicate. But here, I request you, Sir, to personally look into this matter and make sure that this happens.

The syllabus and curriculum is also going to be a big, big challenge. It will have to be worked out. I only want to make an addition here that most of our paramedicals or the doctors also, some of them, do not have good dialogue with the patients, and, therefore, you see patient-doctor conflicts. I think one course has to be integrated in this syllabus where you make sure that all these paramedicals, maybe allied or healthcare workers, as we are going to call them, or doctors, or whoever, have good dialogue with the patients and their family members to make sure that we are healthy not only physically but mentally also. Thank you.

MR. DEPUTY CHAIRMAN: Thank you, Vandana ji. Now, hon. Shri M.V. Shreyams Kumar. Not present. Shri Sushil Kumar Gupta.

श्री सुशील कुमार गुप्ता (राष्ट्रीय राजधानी क्षेत्र, दिल्ली): उपसभापति महोदय, मैं इस बिल के पक्ष में बोलने के लिए खड़ा हुआ हूँ। मैं स्वास्थ्य मंत्री जी को बधाई देना चाहता हूँ कि वे आज जो यह बिल लेकर आए हैं, इसकी बहुत सालों से ज़रूरत थी। हिन्दुस्तान के अंदर लाखों-करोड़ों पैरामेडिकल एलाइड हेल्थकेयर सर्विसेज़ के वर्कर्स हैं। ज्यादातर रनिंग अस्पतालों में काम करते-करते वे एक्सपर्ट बने और वहां उन्हें नौकरियां मिल गईं, अभी तक यह सिस्टम चला है। कुछ राज्यों में अपनी काउंसिल बनी हुई है, कुछ राज्यों के अन्दर काउंसिल भी नहीं बनी है। कुछ courses Indian Medical Association चलाती है, कुछ State Technical Education Board चलाते हैं, कुछ Skill Development Council के माध्यम से चलते हैं। अलग-अलग degree, diploma और certificate courses, इन सबको लेकर ये आज काम कर रहे हैं। हालाँकि पूरे देश में allied healthcare service workers की भारी कमी है। जो experts हैं, जिनके पास diploma

है, जिनके पास degree है, ऐसे workers की बहुत भारी कमी है। मैं भी Maharaja Agrasen Hospital Charitable Trust से जुड़ा रहा हूँ। उसके माध्यम से मैंने देखा, मैंने खुद उस समाज के हॉस्पिटल के अन्दर काफी courses शुरू कराए थे। Skill Development Council के जो 6 महीने के courses थे, मुझे लगता था कि वे पर्याप्त नहीं हैं। उनसे request करके उनको दो साल का course बनवाया गया, ताकि बच्चे कुछ सीख भी पाएँ तथा उनको हॉस्पिटल में काम करते हुए अच्छी नौकरी और अच्छे पैसे भी मिल सकें।

सर, working hospital के बारे में मेरा आपसे निवेदन है कि आप इन courses को वहाँ प्राथमिकता दें। Working hospital में healthcare worker को जो experience मिलेगा, हो सकता है कि एक separate college के अन्दर उसको theoretical knowledge तो मिले, परन्तु जो practical knowledge उसको working hospital के अन्दर मिलेगी, वह वहाँ नहीं मिलेगी। Working hospital में आज की तारीख में जगह की कमी है, विशेषकर metropolitan cities के अन्दर। इसलिए मैं माननीय मंत्री जी से निवेदन करना चाहूँगा कि उसको laboratory का दर्जा देकर, जैसे उनका dialysis का department है या cardiology department है या जितने भी अलग-अलग departments हैं, उनको laboratory मान कर उनके लिए अलग से जगह की condition नहीं होनी चाहिए, बल्कि सिर्फ classroom की condition हो कि जितने बच्चों को उस classroom के अन्दर बैठाने के लिए, उस course को run करने के लिए चाहिए, वह वहाँ पर हो सके। बाकी working hospital के department को laboratory का दर्जा दे कर, जैसा आप teaching hospitals के लिए करते हैं, आप उसी श्रेणी में private hospital को भी लें और वहाँ पर इन courses को दें, ताकि उन बच्चों को कहीं colleges के ...

श्री उपसभापति : सुशील जी, कृपया conclude करिए।

श्री सुशील कुमार गुप्ता : सर, आप मुझे दो मिनट और दे दीजिए। यह एक बड़ा important issue है और मैं जिन्दगी भर ऐसी चीजों से जुड़ा रहा हूँ, इसलिए मैं आपसे निवेदन करना चाहूँगा।

श्री उपसभापति : आपका टाइम खत्म हो गया है, लेकिन आप briefly बोलें।

श्री सुशील कुमार गुप्ता : सर, मैं बस यह कहना चाह रहा हूँ कि आपने इस बिल के माध्यम से कहा है कि उन professionals का registration होना जरूरी है। अब ये जो लाखों लोग आज की तारीख में काम कर रहे हैं, उनके पास recognized institutions की degree नहीं है, परन्तु अलग-अलग associations जो course चलाती रही हैं, उनके पास उनकी degree है, certificate है और वे बेहतर तरीके से काम कर रहे हैं। इसलिए उनके जीवन के ऊपर कोई लंबा effect न आए, इसके माध्यम से मैं माननीय मंत्री जी से निवेदन करना चाहूँगा कि आप इस बात को दिमाग में जरूर रखें।

जैसा सुरेश प्रभु जी ने कहा था कि उनकी dignity कायम रहे, इसके लिए आप उनका एक ऐसा नामकरण जरूर कर दें - Medical Assistant या आप जैसा भी नाम देना चाहें - उन बच्चों को एक ऐसा नाम जरूर मिले, ताकि उनकी अलग से एक पहचान बने।

मैं आपके माध्यम से माननीय मंत्री जी से यह निवेदन करना चाहूंगा कि अब बहुत साल हो गए हैं और कोविड के अन्दर सारी दुनिया को इनको देखने को मिला है, तो आप माननीय वित्त मंत्री जी से या प्रधान मंत्री जी से निवेदन करके हमारे health के उस बजट को भी बढ़वा लें, ताकि देश के अन्दर ऐसी excellence के institutions बनें और इन बच्चों का भविष्य बढ़िया हो सके। जय हिन्द।

श्री उपसभापति : धन्यवाद, माननीय सुशील जी। Shri Ashok Siddharth. He is not present. Prof. Manoj Kumar Jha. He is not present. माननीय मंत्री जी, अब आप जवाब दीजिए।

डा. हर्ष वर्धन : सर, सबसे पहले तो मैं हृदय की गहराई से सभी माननीय सदस्यों का धन्यवाद करता हूँ और नतमस्तक होकर उनका अभिनंदन करता हूँ। सर, मैं बड़े विश्वास के साथ एक बात कह सकता हूँ, क्योंकि medical profession में स्वयं मैंने 1970 के दशक में entry की और यह मेरा पाँचवाँ दशक है, डॉक्टर होते हुए भी ये जो allied and healthcare profession के लोग हैं, चाहे अपनी personal practice में, clinic में, operation theatre में, सरकारी अस्पताल में, प्राइवेट अस्पताल में, as a स्वास्थ्य मंत्री जितनी गहराई से मैंने इनको देखा है और इनका profession के लिए और मानवता की सेवा के लिए जितना contribution रहता है, उसके मुकाबले उनकी जो recognition है या उनकी जो सारी services हैं, उनकी respect, उनकी dignity को institutionalize करने का जो mechanism है, उसको शायद इतने वर्षों से हम लोग पूरा नहीं कर पाए थे। आज जब यह बिल पास होगा, चूंकि सभी ने इसका समर्थन किया है, तो I am sure यह बिल पास होगा ही होगा, उसके बाद इस देश का एक-एक जो allied healthcare professional है, वह अपने घर के अन्दर खुशी का दीपक जलाएगा और साथ ही राज्य सभा के प्रत्येक सदस्य को दिल से दुआ देगा। भारत के इतिहास में शायद यह सबसे लम्बा समय लेने वाला बिल है या यह कह सकते हैं कि unfulfilled promise है।

सर, इस बिल की history 1953 से शुरू हो रही है। इस पर जो-जो कमिटीज़ बनीं और बड़े-बड़े लोगों ने जितनी प्रकार की recommendations दीं, उनके लिए मैं कहना चाहूंगा कि सबने genuinely प्रयास किया है। ऐसा बिल्कुल भी नहीं है कि किसी के प्रयास के अन्दर कोई कमी रही हो। सर, मैं जब अध्ययन कर रहा था, तो मेरे संज्ञान में यह आया कि 2015 से लेकर 2021 के बीच में, इसके अन्दर 75 drafts बने हैं। मैं इस अवसर पर आप सभी सदस्यों के साथ-साथ, हमारी Department-related Parliamentary Standing Committee के जो सभी माननीय सदस्य हैं, प्रो. राम गोपाल यादव जी हैं, श्री जयराम रमेश जी हैं, और भी बहुत सारे सदस्य हैं, उन सबका हृदय से आभार व्यक्त करता हूँ। इन सबने बहुत अच्छे तरीके से इसमें contribute किया है। All of them had put in their heart and soul into it. We saw that everybody was

involved with the spirit of the Bill. It was not taken on political lines. It was taken as a Bill which is going to give us a lot of welfare not only in the health sector but also for the welfare of the nation in general. हमने भी उनकी जो recommendations थीं, उनको पूरी objectivity and positivity के साथ स्वीकार किया है। शायद इसी के कारण, प्रो. राम गोपाल यादव जी अभी अपनी सकारात्मक भावनाओं को संक्षेप में अभिव्यक्त करके गए हैं। मैं बताना चाहूंगा कि इस बिल पर की गई 110 recommendations में से, हम लोगों ने 102 recommendations को स्वीकार किया है। उनके अलावा 6 recommendations को हमने with slight modifications accept किया है। That was the approach that we had adopted. यह काम हमने इसलिए नहीं किया कि हमें मेम्बर्स को या कमिटी को खुश करना था, but, we found that everything was worth it. देश के हज़ारों-लाखों लोगों के लिए इसके द्वारा एक प्रकार से बहुत बड़ा system establish हो रहा है। इसलिए any positive thing that comes, वह हमने accept की है। आज भी कुछ बहुत अच्छे suggestions आए हैं, चाहे सुरेश प्रभु जी के द्वारा दिए गए suggestions हों या अन्य सदस्यों के द्वारा दिए गए हों, I promise कि उनमें जो भी positive चीज़ें हैं, we will try to pick up that also. इसके रूल्स में या जहां कहीं भी हम लोगों को इसमें improvement करनी है, उसको हम जरूर करेंगे। सिर्फ दो recommendations ऐसी आई हैं, which fall in the category of not being accepted.

सर, मैंने शुरू में इस बिल के बारे जो एक broad outline या broad spirit के बारे में बताया था, उसके बावजूद हमारे कुछ ऑनरेबल मेम्बर्स ने जो बातें कहीं, उनको सुन कर हमें लगता है कि कहीं पर थोड़ा सा communication gap है। उन्होंने इसको किस तरह से perceive किया है और हमारे मन में क्या है, किस तरह से हम इसको implement करना चाहते हैं, उस पर अगर कुछ clarity हो जाएगी, तो शायद उनके मन में जो गैप है, वह खत्म हो जाएगा। श्री हनुमंतय्या जी, जो कर्णाटक के ऑनरेबल एमपी हैं, उन्होंने पैनल्टी इत्यादि के बारे में कुछ बात कही थी, जिस पर प्रो. राम गोपाल यादव जी ने कुछ कमेंट भी किया था, उसके बारे में मुझे इतना ही कहना है कि although penalty is there, but we are careful about incorporating the existing professionals. In clause 38, the Bill provides that existing professionals will be provisionally registered. That is number one. And the Commission, after it comes into existence, will then evolve a mechanism to test the standards. आने वाले समय में it will be taken care of. फिर उन्होंने एक बात shortage के बारे में भी कही थी। उसमें मुझे यह कहना है - shortage and incentives for these professionals, इस संदर्भ में, in the making of Bill, the regulatory body itself is the biggest incentive for all these people because till now there has been a vacuum. When, for the first time, the courses will be standardized, their employment opportunities will increase both nationally as well as internationally and it has been pointed out by many Members also. Since the Bill provides for recognition mutually of foreign qualifications also, the registration of professionals, accreditation of institutes, are all institutional incentives that will help these professions. इसके बारे में उनका जो कंसर्न था, I think, नर्सिंग के बारे में भी उन्होंने

कुछ बात की थी तो just to inform the hon. Members that regarding nursing, it is also in very advanced stage. We will come back to you very soon. There is a separate Bill called the National Nursing and Midwifery Commission Bill. It is in the advanced stages and very soon, in coming months, you will see that that Bill is also here.

Then, we acknowledge that there is a global demand and the Bill will benefit eight lakhs to nine lakhs existing allied and healthcare professionals. This manpower will also become more ready to cater to global shortage/demand that is projected to be around 1.80 crores by 2030 as per WHO Global Workforce Report.

Then, he had also mentioned about employability abroad. Sir, the Bill is to make institutional regulatory structure. Once National Commission and State Councils are in place, they will take measures to appropriately skill professionals to enhance their employability. There is a specific provision in Clause 11, which provides that the National Commission will provide strategic framework for rational deployment of skilled manpower, performance management systems, task shifting and associated career development pathways. These are all there in the Bill. Then, he has also mentioned about Parliamentary Committee recommendations, etc. The recommendations of the Parliamentary Committee on constitution of professional Councils have been accepted. Although the Parliamentary Committee had recommended eight Councils but when we deliberated, we constituted ten Councils clubbing the various professions. That, we had to do.

Then, once again, I wish to thank Prof. Ram Gopal Yadav for his kind words. His approach has always been very positive and pragmatic. Thanks to the Report given by him, along with his Members, about the National Medical Commission, the National Medical Commission could also see the light of the day with his positive approach.

Then, we had some very positive suggestions from our dear colleague Shri Suresh Prabhu regarding the representation of professionals. The Bill provides for 20 part time members, 2 each from each of the 10 professional Councils. Further, 3 members from apex institutions like AIIMS, Delhi, Sree Chitra Tirunal Institute, Kerala etc. are also *ex-officio* members. Then, about the promotion of professionals, the Bill in a particular Clause provides for strategic framework for employment and career development. It also provides for recognition of foreign qualification. Then, he has mentioned about the register also. The national and State registers will be live,

online, digital and in sync. That is for the record. And 'if no State Council', -- he mentioned about that -- then, in Section 40 (1), second proviso provides that where there is no State Council constituted by the State, the National Commission shall give the previous permission for the purpose. Then, about the optimum use of infrastructure, the Commission will make regulations in this regard.

Sir, Clause 11 (e) provides that the Commission shall provide basic standards, physical facilities, etc. This is already there. Then, regarding the existing professionals, Clause 38 provides for their provisional registration. Then, he has given a very bright idea about giving them some names, some good abbreviation or something. So, I would request all the Hon'ble Members if you have some good ideas, bright ideas, please forward them to us and we will definitely deliberate them in our Ministry and see to it if we can really implement this. Then, regarding Dr. Santanu Sen, my professional colleague from West Bengal, I think, he has some confusion regarding the understanding. This is regarding the Professional Councils. Probably, he could not understand that these councils are not elected bodies but selected bodies of experts to assist the Commission. Then, regarding two years or three years, this will be minimal diploma/degree, proper courses. Then, regarding the State Council, professional education in Concurrent List, right now, no State Councils, if no State bodies constituted, the National Commission will not be able to function. As suggested, the composition cannot be left to States since it is important to have uniform standards and uniform institutional structures. Moreover, while we have drafted this over the course of last many years, we have taken everybody on board and this is after a wider consultation and, of course, anything that we do in health, we do not do it on our own, we always take the States on board and then, wide-ranging consultations that take place and they are organized for a long time. Then, I thank you Muzibulla Khanji for your positive support to the Bill. Then, Shri Tiruchi Siva, he had mentioned about the duration of internship. So, just to inform him that training and practical will be a part of the respective courses. So, that, of course, includes, that is an in-built component in that. Then, about the medical physicist, the Bill has brought together all professions and their specific scope of practice will be determined by the Commission and we will ensure that there is due co-ordination with the Atomic Energy Regulatory Board to prevent so that any overlap on this issue is not there.

Then, Shri Ayodhya Rami Reddy spoke about the Bill and, I thank him for appreciating the Bill. Shri Ram Chandra Singh from Bihar, he rightly said about the

importance of allied healthcare professionals recognized through patient-centric model and multi-disciplinary team approach. Thank you. Then, Vandana ji, thank you so much for your kind words. We know but when you hear it from others then it gives you the real satisfaction. It is a well researched Bill and definitely, my team in the Health Ministry has put in a lot of hard work for many years on this particular subject. Of course, you have also contributed a lot for that. We thank once again the Parliamentary Standing Committee. It covers all the categories and emphasizes on it. You have mentioned about the emphasis to be given on the patients, and health-workers and doctor dialogue and communication, etc. So, this aspect is being looked after in the National Medical Commission also and we will make sure that we take care of this aspect because this is something which is really the need of the hour. This lack of communication sometimes is contributing to unhealthy behavioural activities around the health system.

Then, Shri Sushil Kumar Gupta, our dear friend from Delhi spoke. We know he runs a charity. He has been running a charitable hospital. So, he also knows quite a bit about the intricacies of these allied health professionals and he has said that such courses need to be prioritized in working hospitals. The suggestion is noted.

The Commission while setting standards and ensuring quality will examine what all these institutions will have to do. Then, existing professionals will be provisionally registered; I think I have already said about it. This is just the response to some of the points that you raised but I don't want to get into the nitty-gritty. During the Covid time, it was not only the doctors or the nurses or the frontline workers, we have seen from the closest of quarters how these healthcare allied professionals also have actually served the cause of fighting Covid. Many of them, like doctors and nurses, also lost their lives while saving the life of all of us. I think this Bill could be a sort of tribute to them also. With these few words, once again, from the depth of my heart, I wish to thank all of you and express my gratitude. We all work under the leadership of our Prime Minister, Shri Narendra Modi who has a huge vision, and everyone can feel and see his passion for health sector. I have been watching it from close quarters right from 2014. Somebody has been mentioning about Budget and all. You have all seen in this year's Budget as to how much of increase has been projected. The Department could develop the guts to deliver vaccine to every countrymen, to pay for the vaccine of every countrymen. It is all because of the leadership of the Prime Minister and all those reforms that are happening in the health sector and in the coming months you will see many more commissions. We have a

dental thing coming, we have a nursing and midwifery thing coming; so many things are happening. We will keep seeking your support and blessings. Today also, I want all of you to pass it. I think you have already passed it by the way you have supported it in your statements. Thank you very much.

MR. DEPUTY CHAIRMAN: The question is:

"That the Bill to provide for regulation and maintenance of standards of education and services by allied and healthcare professionals, assessment of institutions, maintenance of a Central Register and State Register and creation of a system to improve access, research and development and adoption of latest scientific advancement and for matters connected therewith or incidental thereto, be taken into consideration."

The motion was adopted.

MR. DEPUTY CHAIRMAN: We shall now take up Clause-by-Clause consideration of the Bill.

Clause 2 was added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 3, there are four Amendments, Amendments (Nos. 3 to 6) by Dr. Harsh Vardhan.

CLAUSE 3- CONSTITUTION AND COMPOSITION OF COMMISSION

DR. HARSH VARDHAN: Sir, I move:

- (3) That at page 3, line 32, for the words "allied education", the words "allied and healthcare professions" be substituted.
- (4) That at page 3, line 38, for the words "healthcare education", the words "healthcare professions" be substituted.
- (5) That at page 3, lines 46 and 47, for the words "Ministry of Human Resources and Development", the words "Department of Higher Education" be substituted.

- (6) That at page 5, line 3, *for* the words "clause (b)", the words "sub-clause (ii) of clause (c)" be *substituted*.

The question was put and the motion was adopted.

Clause 3, as amended, was added to the Bill.

Clauses 4 to 19 were added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 20, there are three Amendments; Amendments (Nos.7 to 9) by Dr. Harsh Vardhan.

CLAUSE 20- INTERIM COMMISSION

DR. HARSH VARDHAN: Sir, I move:

- (7) That at page 9, lines 13 and 14, *for* the words "Department of Health and Family Welfare, Ministry of Health", the words "Ministry of Health and Family Welfare" be *substituted*.
- (8) That at page 9, lines 15 and 16, *for* the words "Department of Health and Family Welfare, Ministry of Health", the words "Ministry of Health and Family Welfare" be *substituted*.
- (9) That at page 9, lines 19 and 20, *for* the words "Ministry of Human Resource Development", the words "Department of Higher Education" be *substituted*.

The question was put and the motion was adopted.

Clause 20, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 21, there is one Amendment (No.10) by Dr. Harsh Vardhan.

CLAUSE 21-SEARCH-CUM-SELECTION COMMITTEE

DR. HARSH VARDHAN: Sir, I move:

- (10) That at page 9, line 48, ***for*** the words "Ministry of Human Resources Development", the words "Ministry of Education" be ***substituted***.

The question was put and the motion was adopted.

Clause 21, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 22, there is one Amendment (No. 11) by the hon. Minister.

CLAUSE - 22 - CONSTITUTION AND COMPOSITION OF STATE COUNCIL

DR. HARSH VARDHAN: Sir, I move:

- (11) That at page 10, line 40, ***for*** the words "healthcare education", the words "healthcare professions", be ***substituted***.

The question was put and the motion was adopted.

Clause 22, as amended, was added to the Bill.

Clauses 23 to 28 were added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 29, there are two Amendments; Amendments (Nos. 12 and 13) by the hon. Minister.

CLAUSE 29 - CONSTITUTION AND FUNCTIONS OF AUTONOMOUS BOARDS

DR. HARSH VARDHAN: Sir, I move:

- (12) That at page 12, line 24, ***for*** the words "allied education", the words "allied and healthcare education", be ***substituted***.

- (13) That at page 12, line 36, ***for*** the words "allied practitioners", the words "allied and healthcare practitioners", be ***substituted***.

The question was put and the motion was adopted.

Clause 29, as amended, was added to the Bill.

Clauses 30 to 32 were added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 33, there are two Amendments; Amendments (Nos. 14 and 15) by the hon. Minister.

CLAUSE 33 - REGISTRATION IN STATE REGISTER

DR. HARSH VARDHAN: Sir, I move:

- (14) That at page 13, line 37, *for* the words "he", the words "the State Council", be *substituted*.
- (15) That at page 13, line 38, *for* the words "he", the words "the State Council", be *substituted*.

The question was put and the motion was adopted.

Clause 33, as amended, was added to the Bill.

Clauses 34 to 65 were added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 66, there are two Amendments; Amendments (Nos. 16 and 17) by the hon. Minister.

CLAUSE 66 - POWER TO MAKE REGULATIONS

DR. HARSH VARDHAN: Sir, I move:

- (16) That at page 22, line 37, *after* the words "healthcare professionals", the words "and National Teachers Eligibility Test", be *inserted*.
- (17) That at page 23, *after* line 12, the following be *inserted*, namely:-
 "(m) the form and manner of renewal of registration under sub-section (4) of section 33".

The question was put and the motion was adopted.

Clause 66, as amended, was added to the Bill.

Clauses 67 to 70 and the Schedule were added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 1, there is one Amendment (No. 2) by the hon. Minister.

CLAUSE 1 - SHORT TITLE AND COMMENCEMENT

DR. HARSH VARDHAN: Sir, I move:

- (2) That at page 1, line 6, ***for*** the figure "2020", the figure "2021", be ***substituted***.

The question was put and the motion was adopted.

Clause 1, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: In the Enacting Formula, there is one Amendment (No. 1) by the hon. Minister.

ENACTING FORMULA

DR. HARSH VARDHAN: Sir, I move:

- (1) That at page 1, line 1, ***for*** the word "Seventy-first", the word "Seventy-second" be ***substituted***.

The question was put and the motion was adopted.

The Enacting Formula, as amended, was added to the Bill.

The Title was added to the Bill.

7.00 P.M.

MR. DEPUTY CHAIRMAN: Now, Mr. Minister to move that the Bill, as amended, be passed.

DR. HARSH VARDHAN: Sir, I move:

"That the Bill, as amended, be passed."

The question was put and the motion was adopted.

RECOMMENDATIONS OF THE BUSINESS ADVISORY COMMITTEE

MR. DEPUTY CHAIRMAN: I have to inform Members that the Business Advisory Committee in its meeting held on Tuesday, the 16th of March, 2021, has allotted time for Government Legislative Business, as follows:-

BUSINESS	TIME ALLOTTED
1. Consideration and passing of the Insurance (Amendment) Bill, 2021.	Four Hours
2. Consideration and passing of the following Bills, after they are passed by Lok Sabha:-	
(i) The Government of National Capital Territory of Delhi (Amendment) Bill, 2021.	Three Hours
(ii) The Mines and Minerals (Development and Regulation) Amendment Bill, 2021.	Three Hours
2. The Committee recommended that the consideration and return of the Appropriation Bills relating to Supplementary Demands for Grants for financial year 2020-21 and Demands for Grants for the financial year 2021-22 both pertaining to the Union Territory of Puducherry may be taken up together along with Appropriation Bills and the Finance Bill, 2021, for which 12 Hours (4+4+4) have already been allotted.	
3. The Committee further recommended that (i) the Private Members' Business (Resolutions) scheduled for Friday, the 19 th of March, 2021, may be dispensed with; and (ii) the House may sit beyond 6-00 P. M., as and when necessary, for the transaction of Government Legislative and Other Business.	

The House stands adjourned to meet at 1100 hours on Wednesday, the 17th March, 2021.

The House then adjourned at two minutes past seven of the clock till eleven of the clock on Wednesday, the 17th March, 2021.